PTO/SB/01 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number DECLARATION FOR UTILITY OR First Named Inventor Ehlers **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration OR Submitted after Initial Submitted Art Unit Filing (surcharge With Initial Filing (37 ČFR 1.16 (e)) Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS FOR SHAPING THE OUTPUT BEAMS OF ONE OR MORE SEMICONDUCTOR LASERS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Priority Certified Copy Attached? Country (MM/DD/YYYY) **Not Claimed** Number(s) Yes Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	1	er Number ode Label	1			OR	X	Corresp	oondence address below	
Name		_								
	Christ	copher	. A. M	itch	nell	L				
Address			•							
	3001 V	Vest E	Big Be	avei	RC	oad,	Sui	te 62	24	
City				State MI			ΊΙ		ZIP 48084-3107	
Country		Telepho	ne	<u> </u>		Fax				
	USA	734/6	62-02	70	734/662-1014					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	een filed	d for thi	s unsign	ned inventor	
Given Name (first and middle [if any]) BODO						Family Name or Surname EHLERS				
Inventor's Signature									Date	
Residence: City	State			Cour	try			Citizer	nship	
Canton	Michigan			USA G				Gern	Germany	
Mailing Address										
43314 Pepperwood	£									
City	State			ZIP					Country	
Canton	Michigan				48	48187			USA	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name Family Name										
(first and middle [if any]) STEFAN or Surname HEINEMANN						EMANN				
Inventor's Signature									Date	
Residence: City	State			Coun	try			Citizer	nship	
Ann Arbor	Michigan			USA		Germany				
Mailing Address										
2451 Traver Boulevard										
City	State				ZIP			Countr	-	
Ann Arbor	Michiga	an			481	195 ——		US	Α	
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.										

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DECLARATION	Supplemental Sheet Page 1 of 1							
Name of Additional Joint Inventor, if any	A pet	ition h	nas been filed for this u	insigned inv	entor			
Given Name (first and middle (if any)	Family Nam	e or S	Sumame					
FALK			DOERF	EL				
Inventor's Signature			·			Date		
Residence: City Ann Arbor State			MI Country USA			Citizenship Germany		
Mailing Address 2350 Lancashire, Apt. 1B								
Mailing Address								
City Ann Arbor		State	MI		<sub>Zip</sub> 48105	Country	USA	
Name of Additional Joint Inventor, if any	:		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname					
Inventor's Signature						·		
Residence: City		State			Country		Citizenship	
Mailing Address								
Mailing Address								
City		State			Zip	Country		
Name of Additional Joint Inventor, if any	A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)			Family Name or Surname					
Inventor's Signature	Date							
Residence: City State			e Country Citizenship					
Mailing Address	•							
Mailing Address								
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Ehlers

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Application Number

**First Named Inventor** 

Filing Date

POWER OF A	First Name	ea inventor	Ehle	Ehlers				
	Title							
AUTHORIZATION	ON OF AGENT	Art Unit		1				
		Examiner	Name					
		Attorney C	ocket Number	FHN-	-106-B			
				1 1411	100-0			
I hereby appoint:								
Practitioners at Custome				Numbe	e Customer er Bar Code bel here			
OR	L							
Practitioner(s) named be	low:			'				
	Name			Registration	Number			
Christopher	A. Mitchell	4.0	729					
Todd L. Mod		3 (	5,874					
Marshall G.	MacFarlane	3 (	0,403					
Andrew R. E	Basile	2	1.753					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
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OR								
Firm or Individual Name	Christopher	A. Mit	chell					
Address	YOUNG & BASI	LE P	7					
Address	3001 West Bi			Suite	624			
City		State	MT	Zip 480	184-3107			
Country				· · · · · · · · · · · · · · · · · · ·				
Telephone		Fax 7	34/662-	-1014				
Applicant/Inventor.  Assignee of record of Statement under 37.0	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form	: 3.71. PTO/SB/96)						
Statement under 37 C	SIGNATURE of		Assignee of Re	cord				
Name Falk Doe	rfel			<del></del>	<u> </u>			
Signature Signature	<u> </u>		··					
Date	<del></del>			Telephone				
NOTE: Signatures of all the inventor forms if more than one signature is		re interest or the	rir representative(s	) are required. S	ubmit multiple			
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the Inis collection of information is required by 3/ CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 5 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number Filing Date First Named Inventor Ehlers POWER OF ATTORNEY OR Title **AUTHORIZATION OF AGENT** Art Unit **Examiner Name Attorney Docket Number** FHN-106-B I hereby appoint: Place Customer Number Bar Code Practitioners at Customer Number Label here XX Practitioner(s) named below: Registration Number Name Christopher A. Mitchell 40,729 36,874 Todd L. Moore Marshall G. MacFarlane 30,403 24. 753 Andrew R. Basile as my/our attormey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or ХX Christopher A. Mitchell Individual Name Address YOUNG & BASILE р Address 3001 West Big Beaver Road State Zip 48084-3107 City Troy ΜT Country USA Telephone 734/662-0270 Fax 734/662-1014 I am the: Х Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Stefan Heinemann Signature Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\* 3

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commend on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pattert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\*Total of

forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			First I	Named Inventor	Eh	Ehlers		
			Title					
			Art Uı	nit				
			Exam	iner Name				
			Attori	ney Docket Numb	er FH	FHN-106-B		
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I hereby app	oint:	,						
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OR								
XX Practi	tioner(s) named belo	ow:						
		Name			Registrat	ion Number		
Ch	ristopher	A. Mitchell		40,729				
To	odd L. Moo	re		36,874				
Ma	rshall G.	MacFarlane		30,403				
7.	drow P B	acile		24 753				
as my/our at	tomey(s) or agent(s	) to prosecute the application i	dentified	above, and to tran	nsact all busin	ess in the United States Patent and		
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1 12226	Firm or Individual Name	Christopher	A. M	itchell				
Addre	Address YOUNG & BASILE, P.C. Address 3001 West Big Beaver Road, Suite 624							
City		Trov		State	MT	Zip 48084-3107		
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l 🔽	plicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		SIGNATURE of	Applica	nt or Assignee of	Record			
Name	Bodo Eh	lers						
Signature								
Date					Telephon	e		
NOTE: Signal	tures of all the inventor than one signature is r	s or assignees of record of the enti	ire interes	t or their representativ	ve(s) are require	ed. Submit multiple		
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